

Candidate Intention Statement

Type or Print in Ink.

CANDIDATE INTENTION STATEMENT

CALIFORNIA
FORM 501

For Official Use Only

Check One: ☒ Initial ☐ Amendment (Explain) _____

1. Candidate Information:

NAME OF CANDIDATE (Last, First, Middle Initial)

Aghakhanian, Armond

DAYTIME TELEPHONE NUMBER

818-640-9797

FAX NUMBER (optional)

213-489-4818

E-MAIL (optional)

armond1915@yahoo.com

STREET ADDRESS

3700 Wilshire Blvd., Suite 1050B

CITY

Los Angeles

STATE

CA

ZIP CODE

90010

OFFICE SOUGHT (POSITION TITLE)

Board of Education

AGENCY NAME

City of Burbank

DISTRICT NUMBER, if applicable.

0

☒ NON-PARTISAN

PARTY:

OFFICE JURISDICTION

☐ State (Complete Part 2.)

☒ City ☐ County ☐ Multi-County: Burbank

(Name of Jurisdiction)

(Year of Election)

2. State Candidate Expenditure Limit Statement:

(CalPERS and CALSTRS candidates, judges, judicial candidates, and candidates for local offices are not required to complete Part 2.)

 Primary/general election
(Year of Election)

 Special/runoff election
(Year of Election)

(Check one box)

☐ I accept the voluntary expenditure ceiling for the election stated above.

☐ I do not accept the voluntary expenditure ceiling for the election stated above.

Amendment:

☐ I did not exceed the expenditure ceiling in the primary or special election held on: _____ and I accept the voluntary expenditure ceiling for the general or special run-off election.

(Mark if applicable)

☐ On _____, I contributed personal funds in excess of the expenditure ceiling for the election stated above.

3. Verification:

I certify under penalty of perjury under the laws of the State of California that I

Executed on

10/24/14
(month, day, year)

Signature _____

FPPC Form 501 (April/2011)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)